## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10 39310

FILING DATE

APPLICANT(S)

SERIAL NO

**CLAIMS** 

CLAIMS  AFTER AFTER														
j .	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
<u></u>	IND.	DEP.	IND.	DEP.	IND.	DEP.	L		IND.	DEP.	IND.	DEP.	IND.	DEP.
1 1	ļ		-				_	51						
3			<del></del>	<del>/</del>		· · · · · · · · · · · · · · · · · · ·	ļ.	52						
4	l		<del>\</del>	-/		<u>-</u>	-	53			<u> </u>			
5	<b></b>			x			-	54 55						
6				1				56						<del></del>
7					,		-	57						
8								58						
9			/-					59			· · · · · ·			
10			1	_/			<u> </u>	60						
11 12	<del> </del>						_	61						
13	<del> </del>			$\leftarrow$		<del>,</del>	-	62						
14			-/				-	63 64						
15				1				65						
16		1						66			-			
17								67						
18								68						
. 19		·						69		,				***************************************
20 21								70						
22		·						71						
23							-	72 73	<del></del>					
24							-	74						
25								75			<del></del>			
26								76				~ <del>~</del>		
27								77						
28								78						
30	1 1 1	-						79				37		
31								80						
32							_	81 82						
33		- ·						83						
34								84		1.5	2 2 3			
35								85						
36								86						
37 38								87						
39								88						
40				<del></del>				89 90					1	
41								91			<del></del>			
42								92			<del>  </del> -		<del></del>	
43								93						
44								94						
45								95						
46 47								96						
48			<del></del>					97						
49								98 99					-	
50						<del></del>		100		-		——·[-		
TOTAL IND.		1	1	4		1	T	OTAL IND.						
TOTAL		<u> </u>		<u> </u>		_	T	OTAL		_		~		<b>*</b>
DEP. TOTAL	Ta Ta	1000257	17	Sales Caran			_	DEP.		<b>F</b>				•
CLAIMS			14					AIMS				10.13		
PTO - 1360	(REV. 11/04)								U Pa	.S. DEPART	MENT of CO demark Office	MMERCE e		